Approved for use through 07/31/2006. OMB-0651-0552 04 SUBSTITUTE for PTO/SB/01 (08-03), DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

DECLARATI		Attorn	ney Docket Number	T1574P	/4P						
POWER OF AT FOR UTILITY O		First N	Named Inventor	Alister Campbell							
PATENT APPL	ICATION		COMPLETE IF KNOWN								
(37 CFR 1.	63)	Applic	ation Number								
Declaration Submitted	Declaration Submitted after Initial	Filing	Date		-						
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e))	Group	Art Unit								
	required)	Exami	ner Name								
As a below named inventor	r. I hereby declare that	t:		· · · · · · · · · · · · · · · · · · ·							
My residence, mailing addre			below next to my name	2.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
Alkynyl-substituted spirocyclic sulfamides for the treatment of alzheimer's disease											
the specification of which		(T	itle of the Invention)								
bears the Attorney Doc	ket Number and Title o	of the Inv	vention noted above								
OR is attached hereto											
OR was filed on (MM/DD/	YYYY) 04/24/2003		as United States App	olication Number or PCT Internation	onal						
Application Number PCT/C	GB03/01771 and w	vas amer			pplicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as											
amended by any amendment			1.000 11:0								
I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO						
0209997.6	Great Britain	Į.	05/01/2002	T1574PV	\boxtimes						
PCT/GB03/01771	Great Britain		04/24/2003	T1574	X 🗆						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(s)			Filing Date (MM/DD/YYYY)	Attorney Docket	Number						

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

designating is not disclo	the Unit sed in th 12, I ack 5 which	ed States of And the prior United throwledge the of became availa	merica, liste I States or Po duty to discl	of any United S d below and, ins CT international lose information in the filing date of	sofar as the application known to	subjec n in the me to b	t matter o manner oe materia	of each of provided al to pater	the cla by the ntability	ims of th first para y as defin	is applic graph of ed in	cation F	
	U.S. Parent Application or PCT Parent Application Number					nt Filing L/DD/YY		Parent Patent Number (if applicable)				r	
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Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
				and individually, a application and to									
following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioners Associated with the Customer Number OR X Registered practitioner(s) named below													
	Nan			Registration			Naı	me		Registration Number			
J. C. Todaro			36,0	Number 36	M. W:	inokur				32	32,763_		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any]) Family Name or Surname Campbell													
Alister Inventor's	<u> </u>	11	/ /	/	Campi	bell	·						
Signature	I A Call i					Date 29 M					SEPTEMBER 2004		
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Mailing Address	Merck Sharp & Dohme, The Neuroscience Research Centre, Terlings Park, Eastwick Road												
City	Harlow, Essex						ZIP	CM20 2	QR	Countr	y U.K		
X Additiona	l invento	s are being nan	ned on the	supplemental A	Additional I	nventors	s(s) sheet(s	s) PTO/SB	/02A at	tached her	eto.		



DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])						Family Name or Surname							
Mark, Peter_					Rid	Ridgill							
Inventor's Signature	N	Weler he ton-at-Stone Eng	Date				297 Septembe 2004						
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Mailing Address		Merck Sharp & Dohme, 7	The Neur	oscience	Resear	ch Cent	re, T	erlings	Park, E	Eastwic	k Road		
City	City Harlow, Essex			State	ate ZIP CM20 20					R Country U.K.			
Name of Addition	nal J	oint Inventor, if any:				A petition has been filed for this unsigned inventor							
Give	n Na	ame (first and middle [if	f any])	Family Name or Surr					r Surnar	ne			
Inventor's Signature									Date				
Residence: City			State		C	ountry	,			Citizenship			
Mailing Address													-
City				State		Z	IP				Countr	y	
Name of Addition	nal J	oint Inventor, if any:	A petition has been filed for this unsigned inventor										
Given Name (first and middle [if			any])		Family Name or Surname								
Inventor's Signature		*							Date				
Residence: City			State		C	Country				Citizenship			
Mailing Address					•			-				·	,
City					State		Z	ZIP			Countr	у	
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor									
Given Name (first and middle [if				any])				Family Nan				ne	
Inventor's Signature					-				Date				
Residence: City					C	Country				Citizenship			
Mailing Address													
City			State ZIP					Cou	ntry				

